MEETING INFORMATION

Title: Community First Choice Implementation Council Meeting
Host: Maryland Department of Health and Mental Hygiene
Day/Time: Thursday, January 10, 2013 1pm-3pm
Location: Department of Health and Mental Hygiene, Rm L3

ANNOUNCEMENTS

- Please send additional comments, questions, or concerns to dhmh.cfc@maryland.gov.
- For more information, visit our webpage at: http://mmcp.dhmh.maryland.gov/longtermcare/SitePages/Long%20Term%20Care%20Reform.aspx

INTRODUCTION

- All persons in attendance introduced themselves. Attendees were reminded to provide adequate comment time to participants on the phone.

SPECIAL MESSAGE

- Chuck Milligan, Deputy Secretary of Health Care Financing, introduced himself and explained the new rollout schedule for CFC. Mr. Milligan also answered questions regarding the new schedule and eligibility/timing questions posed by members of the Council.
    - Community First Choice Maryland is scheduled to go live in January 2014.
    - The Council and DHMH will continue working on implementation through January. We will work on maintenance/improvements following implementation.
    - Several processes require time and patience in order to do them right:
        - MMIS coding is going through changes because of health reform, etc., and changing the coding for CFC to set up payments and prevent dual-billing takes time.
        - Regulations and the SPA require a notice and comment period, must be vetted by CMS, and follow specific submission schedules. All will be reviewed with the Council prior to submission.
        - Restructuring the waivers to reflect CFC services is tied to budgets and fiscal year start dates.
        - Staffing the CFC unit begins with the fiscal year on July 1.
        - Development of the quality assurance program is underway now and includes the development of performance measures, standards, surveys, etc.
        - Rate setting is tied to the fiscal year and legislative appropriations, involves improving and normalizing rates, and setting uniform rates.
        - Fiscal Intermediary procurement: The FI will be responsible for tax withholding, invoicing, etc. to support self direction in CFC. Procurement takes a long time and involves the RFP process, opportunities to submit proposals, consensus of the evaluation committee, protracted approval process through DPW, DBM, and the AG's office, etc.
        - Provider outreach and training: contingent on provider qualifications, quality standards, and training in the program; also tied to the fiscal year.

        - Tracking system: Going live on 1/28/13, with rollouts of other modules throughout the year. IT updates throughout the year are part of the infrastructure of the program.
    - Critical dependencies for CFC include procurement, systems, infrastructure, budget, and approval elements.
    - The program can be adjusted over time. CMS allows us to change the State Plan but all changes will have to be approved by them.
    - To help people currently waiting for services, we're still aggressively pursuing Money Follows the person (MFP) to get people into waivers. Until CFC is implementetd, the programs will seek to rebalance through the waivers, MFP, and related programs.
    - There is a federal barrier preventing States from using Medicaid dollars on room and board. To resolve the affordable & accessible housing issue, we will continue to work with existing programs and networks.
    - Individuals who do not meet the nursing facility level of care are not eligible for CFC. These individuals will remain in MAPC, though we are adjusting MAPC to match CFC as closely as possible.

12/10/12 MEETING NOTES

The 12/10 meeting focused on provider qualifications for personal care agencies. The three primary issues discussed were (1) provider types, (2) a 24/7 responsiveness requirement, and (3) requirements for supervision and oversight of personal care aides.

Council Policy Considerations:

- The council wishes to pursue further research into requiring personal care agencies to be licensed as RSAs, HHAs, or NRSAs. Following further research, the Council will discuss key policy considerations.
- Agencies should be responsive to consumers' emergency needs beyond the 9-5 workday.
- The council will review supervision and oversight requirements following a presentation by the Board of Nursing on 2/28.

DISCUSSION

This CFC meeting was primarily an informative, presentation-based meeting. The purpose of the meeting revolved around providing the Council and stakeholders with a "progress report" of CFC activities to date and an overview of tasks to accomplish in the coming meetings. The progress report is designed to work hand-in-hand with the federal regulations. Future updates will use this template to discuss progress and remaining tasks.

Eligibility for CFC:

- Described in presentation from 1/27/12.
- Determined by CMS in 42 CFR 441.510, available at: http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=df05d0bf6aff1caa89dd9c67e889bbad&rgn=div6&view=text&node=42:4.0.1.1.10.11&idno=42#42:4.0.1.1.10.11.109.3
- An individual must meet nursing facility level of care and the financial eligibility described in our State Plan

Statewideness:

- CMS requires that services are provided on a statewide basis and that no geographic or population-based bias is a design element of the program.
- CFC will be implemented statewide and is aligned with other LTSS rebalancing initiatives to ensure accessibility.

Included Services

- As described in the presentations from 1/27/2012 and 11/15/2012, services included in CFC are: consumer self-direction training, personal emergency response systems, items that substitute for human assistance, transition services, personal care, and supports planning.
- Tasks remaining: discussing service definitions with the Council.

Assessment of Functional Need

- As described in the presentations from 5/3/12 and 11/15/12, the interRAI assessment is tool used for the CFC assessment of functional need.
- We are currently providing training in the use of interRAI.

Person-centered plan

- As described in the presentation from 5/3/2012, 5/23/12 and 11/15/2012, the person-centered plan is designed to meet the needs identified in the assessment of functional need, assists with the development of a budget, sets goals, selects services, and uses a person-centered planning methodology.
- Three key players in the development of the plan: the participant, the interRAI assessment, and the Supports Planner. Optional: the participant's chosen representatives.
- Tasks remaining: working with the Council to design plan priorities, how to develop a plan, ensuring a person-centered planning process, quality control, and related elements of the plan.

Service Models.

- See presentations from 1/27/2012, 5/3/2-12, 4/5/2012, and 11/15/2012.
- CMS recognizes two distinct authorities when an individual is managing services in self direction: employer authority and budget authority.
- The previously described "9 models" (see 2/2012 presentation) are examples of different types of employer or budget authority.
- Maryland's CFC program will use a spectrum of employer authority ranging from self direction to agency with choice to traditional agency models, and a budget authority of either a fiscal intermediary or a traditional agency budget model.
- The design element of selecting a service model is complete. Tasks remaining include: consumer training and the selection of a fiscal intermediary (currently in the procurement process).

Support System

- See presentations from 5/3/2012 and 11/15/2012.
- Maryland's CFC program will provide several resources to support participants in the program, including information, systems support/infrastructure, and advisory supports.

- All participants in CFC will have access to a supports planner who will help them navigate the program. The supports planner may play as large or small a role as desired by the participant.
- Participants exercising budget authority will be supported by the services of the fiscal intermediary (FI), who will handle tax, withholding, and related duties.
- Consumer training and related education materials will be provided to self-directing participants.
- All participants will have a back-up plan to support the continuity of services.
- Participants electing to use agency models will receive support from the agency to receive services.
- Remaining tasks: selection and training of supports planners, selecting an FI, ensuring quality and developing backups.

Service budget

- See presentations from 5/3/2012 and 5/23/2012.
- The service budget is based on the person-centered plan, which is based on the assessment of functional need.
- Budget consists of care hours, items that substitute for human assistance, and other services and supports that meet needs identified in the assessment.
- Tasks remaining: work with Council to determine how to design a service budget, prevent overspending, ensure quality, and design appropriate training.

Provider qualifications

- This process was begun at the 12/10/2012 meeting. Council members were given an outline of provider qualifications for personal care agencies in the existing waiver programs and MAPC.
- Tasks remaining: work with Council to determine basic provider qualifications for all providers of CFC services, write and review the regulations with the Council.

Development and Implementation council

- The Council was convened in January 2012.
- The roles of the council, per the federal regulations, can be found at 42.CFR 441. 575: http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=df05d0bf6aff1caa89dd9c67e889bbad&rgn=div6&view=text&node=42:4.0.1.1.10.11&idno=42#42:4.0.1.1.10.11.109.16

Data Collection and Quality Assurance

- See presentations from 11/15/2012.
- Maryland must provide service and program information to CMS. Methods for CFC may include: the interRAI, LTSSMaryland tracking system, nurse supervision/monitoring for quality assurance, participant surveys for satisfaction data.
- Tasks remaining: examine alternative data collection topics and methods. Develop data collection system with the Council.

Putting it all together:

- All of these discrete elements of the CFC program combine to form one fluid program. The backbone of the program has been collaboratively developed over the past year with the Council, though details regarding provider qualifications, service definitions, person centered plan, and budget require further consideration.
- CFC is designed to operate on a spectrum of self-direction, including self direction with a service budget, agency with choice, and traditional agency.
- Self-direction models may vary depending on the service that a participant is receiving in CFC (i.e. personal care attendant, PERS, home-delivered meals).
- Consumers decide if they want to hire independently or use an agency, the degree to which they make use of their supports planner, whether or not to attend training, etc.
- The Department is responsible for quality monitoring, paying providers pursuant to the individual budget, and providing self-direction training through MDOD.

CFC Roadmap

- All major design decisions for CFC must be complete by June. On July 1st, we plan to submit the draft State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) and the final State regulations to begin their internal sign-off process.
- All meetings between now and March will explore provider qualifications, service definitions, and their associated regulations. We will then discuss the person centered plan and budget in April and May, and review the draft regs/SPA in June.

Additional Concerns and Suggestions:

- The Council wants to become more involved with the research required of CFC and is interested in "homework assignments."
- One councilmember feels that training – ensuring a baseline for training and continuing training – is a central component of quality assurance.
- One councilmember would like for the Department to clarify the billing process for Medicaid and the waivers for agencies vs. independents.
- One stakeholder would like for the Department to revisit adding communication as an ADL.
- One stakeholder asked if the Department was working with MDoA on the enhanced person-centered plan and options counseling grant being pursued by MDoA.
    - DHMH is intimately involved with that grant, provided a letter of support, and is working with MDoA to seek the best options for CFC.

OVERVIEW OF COUNCIL POLICY CONSIDERATIONS

- The council wishes to pursue further research into requiring personal care agencies to be licensed as RSAs, HHAs, or NRSAs. More information will be provided following department research into the topic.
- The council adopts the position that agencies should be responsive to consumer emergencies 24/7.

TOPICS FOR FUTURE DISCUSSIONS

- Provider qualifications in CFC